

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Return should preferably be made
by the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth
(Registration District)

Miami County, Pima

No. 812 Line Oak St.

SEX OF CHILD* Twin
Female Triplet or other? no { (0 rd) Number
in order of birth

DATE OF BIRTH* Dec. 11, 1922
(Month) (Day) (Year)

FULL NAME FATHER Salvador Portillo

FULL MAIDEN NAME MOTHER Luz Bustamante

I HEREBY CERTIFY that the child described herein
has been named

Consuelo Chira Portillo
(Give name in full) (Surname)

Luz B. Portillo
(Parent's Signature)

(Signature of Registrar or other official)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43-S.P.Co.